

State of Washington Application for a Water Right Permit

SURFACE WATER GROUND WATER
 Permanent Temporary Short Term

	For Ecolog (Date Sta	*
* 09	OCT 22	A8:45
DEP FIS	T. OF EC	OLOGY UDGET

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE **MINIMUM** FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Applicant/Business Name: Stu Young		Phone No: 206-999-9590	Other No:
Address: 5500 NE Penrith Road		200-999-9390	
City: Seattle		State: WA	Zip:98105
Email Address (optional):			
Contact Name (if different from abo	ve): Jeff Tasoff	Phone No: 360-331-4131	Other No:
Relationship to Applicant: Water Sy	stem Engineer	200 221 1121	
Address: PO Box 1132			
City: Freeland	State: WA		Zip: 98239
Email Address (optional): jeff@dcga	engr.com	1	
	plete your project: 10 years		stem to serve eight (8) home
Anticipated length of time to comp	Rate (check one box only) Cubic Feet per Second (CFS)	eneficial use and Acre-Feet per Year (AF/YR)	list quantity required for eac
Anticipated length of time to compare to the length of the length	Phich water will be applied to a be	eneficial use and	list quantity required for eac
Anticipated length of time to compare to the length of the length	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	list quantity required for eac Period of Use (Continuously or Seasonal)
Anticipated length of time to compare to the length of the length	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	list quantity required for eac Period of Use (Continuously or Seasonal)
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Anticipated length of time to comp Water Use List all purposes for w Purpose(s) of Use Domestic TOTAL: Short Term/Temporary Water Use this a request for a short term present the state of the stat	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM) 39 Use roject (less than four months and mit? YES NO licate the dates that the water will	Acre-Feet per Year (AF/YR) (If known) 5	Period of Use (Continuously continuously
Domestic	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM) 39 Use roject (less than four months and mit? YES NO licate the dates that the water wil	Acre-Feet per Year (AF/YR) (If known) 5 non-recurring)?	Period of Use (Continuously continuously

A.) If Surface Water Source			B.) If Ground Water Source				
Spring Creek River Lake				Well(s) □ Other:			
Other:							
Source Name:			Well diameter & depth: 6" dia., 328 feet deep				
Tributary to:				Num	ber of propo	sed points o	of withdrawal: one (1)
Thousany to.				Do y	ou have an e	existing well	1? ⊠ YES □ NO
Number of proposed diversion points:				If available, attach Water Well Report and pump test.			
Do you have an existing diversion? YES NO		NO	Well Tag ID No.APR 972				
C.) Point of Diversion	on/Withdra	wal – Leg	al Descri	ption			
Parcel No.	1/4	1/4 Secti	_	Township Range			County
R23306-360-4620		NE 6	33 N	33 North 2 E			Island
Lot(s)	В	lock(s)		Sı	ubdivision		
If known, enter the dist	ances in feet	from the po	oint of div	ersion	or withdrawa	al to the nea	rest section corner:
750 Feet (⊠ North/[South) and	450	feet (E	ast/⊠	West)		
from the (NW SV							
	1/4						Country
Parcel No.	- 1/4	1/4 Secti	on Tow	nship	Range		County
Lot(s)	В	lock(s)		S	ubdivision		
If known, enter the dist							
Do you own the land on If no, do you have legal Provide the owner name	authority to n (s), address, a	nake this ap	plication				
Section 4. PLAC Attach a copy of the legestate contract, proper	gal description	on of the pr					
The southeast corner of the	-						ice below.
This includes current Islan							
			_				
	ction Twp.				County		Parcel No.
SE NE 6	33 N	02 E	Island				multiple, see above
Do you own all the lands	on which the	e proposed	place of u	se is lo	cated? 🛛 Y	ES NO.	•
f no, do you have legal a Provide owner name(s),				for use		land? \[Y	
Are there any other water f yes, provide the water				his pro	perty or wat	er system?	☐ YES ⊠ NO

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The system will be composed of a 6" diameter well drilled to 328 feet deep, a submersible 5 hp pump capable of supplying 39 gpm, and 2" polyvinyl chloride (PVC) distribution lines. Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION Complete A or B, and C below B.) Municipal Water Systems only A.) Domestic Water Systems only (defined under RCW 90.03.015) Projected number of connections to be served: Present population to be served water: eight (8) Type of connections: home Estimate future population to be served: (e.g., home, recreational cabin) (20 year projection) C.) Water System Planning Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? YES NO If yes, date plan was approved ____ __/___/ Water System Number:__ Name of water system: Jones Whidbey North Water System Are you within the service area of an existing water system? \(\subseteq \text{YES} \text{ NO} \) If yes, explain why you are unable to connect to the system:_ Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES **Irrigation** Total number of acres requested to be irrigated under this application = n/a ACRES NOTE: Outline the area to be irrigated on your attached map. Stockwater List number and kind of stock:n/a Is the proposed project for a dairy farm? YES NO Other Proposed Farm Uses

ECY 040-1-14 (Rev. 5/07) [3] If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

Describe all proposed uses: n/a

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Do you have a controlling interest in a Family Farm Development Permit? YES NO	
If yes, enter Permit No:	
Section 8. OTHER WATER USES	
Hydropower	
Indicate total feet of head n/a and proposed capacity in kilowatts:n/a	
Describe works:n/a	
Indicate all uses to which power is to be applied:n/a	
FERC License No:	
Mining/Industrial Use Describe use, method of supplying and utilizing water:n/a	
	<u> </u>
Other Use	
none	
Section 9. WATER STORAGE	
Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO	
Are you proposing to store more than 10 acre-feet of water? YES NO	
Will the water depth be 10 feet or more? ☐ YES ☒ NO	
Will the water depth be 10 feet or more? ☐ YES ☒ NO If you answered yes to any of the above questions, please describe:	
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If you answered yes to any of the above questions, please describe: NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or me and some portion of the storage will be above grade, you must also complete an Application for Permit to Reservoir and a Dam Construction Permit and Application.	o Construct a
If you answered yes to any of the above questions, please describe: NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or me and some portion of the storage will be above grade, you must also complete an Application for Permit to Reservoir and a Dam Construction Permit and Application. Section 10. DRIVING DIRECTIONS Provide detailed driving directions to the project site: Travel south on Hwy 20 from Deception Fermit and Application.	Pass approx. 2 miles.
If you answered yes to any of the above questions, please describe: NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or me and some portion of the storage will be above grade, you must also complete an Application for Permit to Reservoir and a Dam Construction Permit and Application. Section 10. DRIVING DIRECTIONS	Pass approx. 2 miles.

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Stu Young Print Name (Applicant or authorized repres	sentative)	Signature	Jonn	<u>/0-2/-09</u> Date
Stu Young Print Name (Landowner of Place of Use)		Signature	Yomn	10-21-09 Date
Print Name (Landowner of Place of Use)		Signature		Date
Print Name (Landowner of Place of Use)	,	Signature		Date
Submit your application to:	CASHIERING PO BOX 4761			

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project



Southwest Regional Office: 360-407-6300 Northwest Regional Office: 425-649-7000 Central Regional Office: 509-575-2490 Eastern Regional Office: 509-329-3400

Please check the region in which your proposed project is located.

☐ Southwest ☐ Northwest ☐ Central ☐ Eastern

is located.



State of Washington INSTRUCTIONS for the